

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: INJECTION MOULDING DEVICE
COMPRISING VALVE PIN POSITION
INDICATOR
Attorney Docket Number:: 2001-1007
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: PETER
Middle Name::
Family Name:: SATTLER
City of Residence:: ZWINGENBERG
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing HEIDELBERGER STRASSE 52A
Address::
City of Mailing Address:: ZWINGENBERG
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: D-64673

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: UDO
Middle Name::
Family Name:: LIEBRAM
City of Residence:: PFUNGSTADT
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing WILHELM-LEUSCHNER STRASSE 4
Address::
City of Mailing Address:: PFUNGSTADT
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: D-64319

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer Number::	000466
-------------------------------------	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	01200060.0	1/10/01	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::